

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |   |                                    |  |   |  |
|---|---|------------------------------------|--|---|--|
| <b>NAME OF FILER</b><br>Anthony Rendon for Treasurer 2026 |   |                                    | <b>Date of This Filing</b> <u>03/23/2023</u>                                     | Date Stamp<br><br><br><br><br><br>Page 1 of 2 | <div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;">                     CALIFORNIA FORM 497                 </div> For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)285-5733            | <b>I.D. NUMBER</b> (if applicable)<br>1458308 | <b>Report No.</b> <u>776465-VG</u> |  |   |  |
| <b>STREET ADDRESS</b><br><br>                             |   |                                    | <input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below) |   |  |
| <b>CITY</b><br>Sacramento                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95815           | <b>No. of Pages</b> <u>2</u>   |   |  |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|---|---|-----------------|
| 03/22/2023    | California Statewide Law Enforcement Association PAC<br>Sacramento, CA 95814<br><br>ID# 970375   | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | \$5,000.00      |
| 03/22/2023    | Glen Dake<br>Los Angeles, CA 90062   | <input checked="" type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC | Landscape Architect<br>GDML   | \$5,000.00      |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

### \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment:

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| <b>NAME OF FILER</b><br>Anthony Rendon for Treasurer 2026 |   |                          | <b>Date of This Filing</b> 03/23/2023<br><br><b>Report No.</b> 776465-VG<br><br><input type="checkbox"/> <b>Amendment to Report No.</b> _____<br>(explain below)<br><br><b>No. of Pages</b> 2 | Date Stamp<br><br><br>Page 2 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(916)285-5733            | <b>I.D. NUMBER</b> (if applicable)<br>1458308 |                          |   |                                   |   |
| <b>STREET ADDRESS</b>                                     |   |                          |   |                                   |   |
| <b>CITY</b><br>Sacramento                                 | <b>STATE</b><br>CA                            | <b>ZIP CODE</b><br>95815 |   |                                   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment: